

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 673275	RECEIPT DATE:	10 / 13 / 00
IA NUMBER:	PCT/ US99 / 08055	IA FILING DATE:	04 / 14 / 99
FAMILY NAME:	VAUDREY	DELAY WAIVED (Y/N):	Y #
GIVEN NAME:	MICHAEL A.	DEMAND RECEIVED (Y/N):	ny
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	04 / 14 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	10551/147	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:		CUSTOMER NUMBER:	000000
		TELEPHONE	2022204200
		FAX	

NAME: KENYON & KENYON

STREET: SUITE 700

1500 K STREET NW

CITY: WASHINGTON

STATE/COUNTRY: DC ZIP: 20005

EMAIL:

APPLICATION TITLES:

USER ADJUSTABLE VOLUME CONTROL THAT ACCOMMODATES HEARING

TAB TO LAST POSITION,PUSH SEND



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

SERIAL NUMBER 09/673,275	FILING DATE 10/13/2000 RULE -	CLASS 381	GROUP ART UNIT 2644	ATTORNEY DOCKET NO. 10551/147
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APPLICANTS
Michael A. Vaudrey, Blacksburg, VA ;
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Ronald D. Blum, Roanoke, VA ;

**** CONTINUING DATA *******
THIS APPLICATION IS A 371 OF PCT/US99/08055 04/14/1999
WHICH IS A CIP OF 09/059,303 04/14/1998
WHICH IS A CIP OF 08/907,503 08/08/1997 ABN
WHICH IS A CIP OF 09/059,304 04/14/1998
WHICH IS A CIP OF 09/059,307 04/14/1998 ABN
WHICH CLAIMS BENEFIT OF 60/109,506 11/23/1998

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/29/2000 **** SMALL ENTITY ****

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature Initials	STATE OR COUNTRY VA	SHEETS DRAWING 12	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 6
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ADDRESS
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Ronald E Prass Jr
1500 K Street NW Suite 700
Washington ,DC. 20005

TITLE
User adjustable volume control that accommodates hearing

FILING FEE RECEIVED 475	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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